## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09887553

Elicotito Estado. 1, 2000																			
		CLAIMS AS	FILED - I		(Column 2)			SMALL ENTITY TYPE		OTHER THAN									
TOTAL CLAIMS			21					RATE	FEE		RATE	FEE							
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00							
TOTAL CHARGEABLE CLAIMS			2 minus 20=		* (			X\$ 9=	q	OR	X\$18=								
INDEPENDENT CLAIMS			∯ minus 3 =		5			X40=	200	OR	X80=								
MU	LTIPLE DEPENI	DENT CLAIM PI	RESENT					+135=		OR	+270=								
* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2		TOTAL	564	OR	TOTAL								
	CI	LAIMS AS A	MENDED		<b>RT II</b> mn 2)			SMALL	ENTITY	OR	OTHER SMALL								
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
QME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=								
AMENDMENT	Independent	*	Minus	***		=		X40=		OR	X80=								
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				IT CLAIM		j	+135=		OR	+270=								
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE								
(Column 1) (Column 2) (Column 3)																			
NT B		CLAIMS REMAINING AFTER AMENDMENT		NU PRE\	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
MENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=								
		*	Minus	***		=	4	X40=		OR	X80=								
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ĺ	+135=		OR	+270=								
	•							TOTAL ADDIT. FEE		OR	TOTAL								
	,	(Column 1)	(Column 3	3)	ADDII. FEE														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NL PRE	SHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE							
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	ï.							
NA NA	Ind pendent	*	Minus	***		=	4	X40=		OR	X80=	-							
	FIRST PRESENTATION OF MULTIPLE DEPENDE				NT CLAIN	VI L	ز	+135=		OR									
	* If the entry in col	umn 1 is less thar	the entry in co	lumn 2, w	rrite "0" in c	column 3.	n "	TOTAL		OR	TOTA	L							
	AAA18 AL	Dessionals	Doid East IN TI	JIC CDAC	'E ic lass II	nan 3. enter 3.		* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											